



Ministry of Health

HIGHLIGHTS OF THE EBOLA VIRUS DISEASE PREPAREDNESS IN UGANDA

25th October 2018 (12:00 HRS) – UPDATE No 40

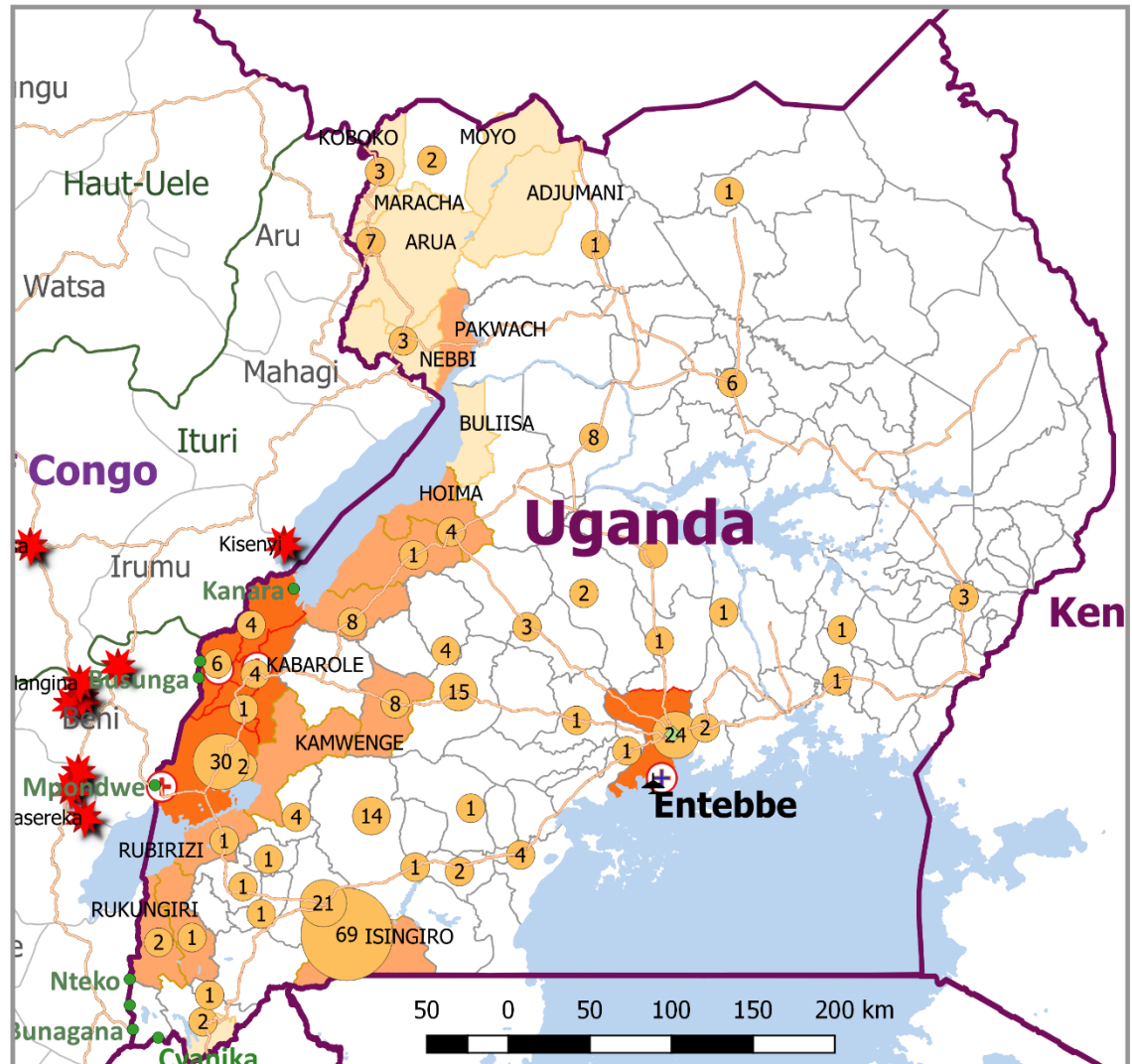
a) *SITUATION UPDATE FROM DEMOCRATIC REPUBLIC OF CONGO FOR 24th OCTOBER 2018, WITH DATA UP TO 23rd OCTOBER 2018*

- Cumulative cases: 247
- Confirmed cases : 212
- Probable : 35
- Total deaths : 159
- Suspect Cases under investigation : 48
- Areas affected : Two provinces
 - North Kivu - Mabalako; Butembo; Ocha; Musienene; Beni and Bingo
 - Ituri- Mambasa, Mandina, Tchomia
- Health and front line workers vaccinated
- Security concerns limiting contact tracing.

b) *EVD SITUATIONAL UPDATE IN UGANDA*

- **There is NO confirmed EVD case in Uganda.**
- Active case search continues in all communities, health facilities and on formal and informal border crossing in all districts especially in the high risk ones.
- Alert cases continue to be picked, isolated, treated and blood samples picked for testing by the Uganda Virus Research Institute (UVRI). The alerts are highlighted in the specific district reports below under the Surveillance section.

EVD High risk districts and VHF Alerts since May 2018



Legend

District Classification ETUs

Other districts

High risk

Moderate risk

Low risk

EVD sites in DRC

ETU in preparation

Ready ETU

Border Crossing

International Border

Roads

Water

Key Towns

Airport

Capital

Alerts Location

EVD alerts



c) *PREPAREDNESS ACTIVITIES IN THE FIELD AND NATIONAL (PROGRESS AND GAPS)*

COORDINATION

Kasese District

- The District Task Force (DTF) met on 24th October 2018 and requested WHO to follow up the construction of an incinerator at Bwere Hospital with the Executive Director of Baylor Uganda.
- The DTF decided to open one additional screening point at Lake Katwe Border Point of Entry (PoE) and requested Uganda Red Cross Society (URCS) to provide allowances for the volunteers who will work at the PoE.
- WHO will provide infrared thermometers for the PoE while UNICEF and Save the Children will provide hand washing facilities and implement EVD Community Engagement activities. World Food Programme will set a tent at the PoE.

SURVEILLANCE ACTIVITIES

Bundibugyo District

- There were no EVD alerts from community and on all PoEs.
- The DHT with WHO team visited Busouru Health Center II (HCII) where they identified lack of surveillance focal person, absence of EVD posters on display and no hand washing facilities for both health care workers and patients as major gaps. Kayenje HC II which was also assessed was much better with hand washing practices both for patients and health workers as well as sensitization of clients on EVD going regularly.
- The team sensitized the health workers and 59 OPD clients on the EVD Community Case Definition and on steps to take in case they get an alert case; distributed IEC materials and planned more mentorship sessions and delivery of hand washing facilities where they are needed.

Kasese District

- The DHT and WHO team assessed EVD readiness at Buhungamuyagha HCII, Katholu HCII, Karusandara HCII, Kanamba HCII and Kigoro HCII. Eleven (11) health workers and 7 Village Health Teams (VHTs) members were re- oriented on EVD Preparedness and readiness and update on the situation in DRC. The VHTs were particularly urged to closely monitor visitors from DRC and in case of any alert cases to promptly report to the health facilities or surveillance officers. VHTs were also tasked to inform health authorities about any new crossing points that may come across on the highly porous border.

Kabarole District

- No new alert cases in Kabalore as on 24th October 2018
- Thirty one (31) more contacts of the 30 years old female patient with Crimean Congo Haemorrhagic Fever (CCHF) were listed bringing the total number under follow up to 50. None of the contacts has developed any symptoms and all their temperatures were below 36.5°C.
- Laboratory results for the 53 years old male and the 18 years old male isolated at the Regional Referral Hospital were negative for EVD and other VHF.
- The DHT and WHO teams conducted Continuing Medical Education session on CCHF for 80 health workers with emphasis robust surveillance, strict Infection Prevention and Control (IPC) practice and a high index of suspicion for frontline health workers.

Ntoroko District

- No EVD alerts reported on 24th October 2018
- The DHT and WHO teams oriented 40 members of the security forces at Ntoroko POE and Rwangara landing site on EVD. Emphasis was on mode of transmission, signs and symptoms, prevention, the community case definition for alerts and critical need for vigilance and prompt reporting.
- The DHT and WHO team conducted supportive supervision at Kayanja I, Kyapa, Haibale North and Haibale South PoEs where the volunteers were reminded about the EVD Community Case



Definition, vigilance and prompt reporting of alert cases. The team collected surveillance data on the number of people recorded at the PoEs which will be analysed and shared in subsequent weeks.

Hoima and Kikuube Districts

- No EVD alert or suspected cases reported in both Hoima and Kikuube districts on Wednesday 24th October 2018 as at 18:00 hours.
- Point of Entry EVD screening continues to take place at Sebagoro, Nsonga and Kaiso ports with a total of 57 new arrivals screened as at 18:00 hours Wednesday 24th October 2018.

CASE MANAGEMENT AND IPC

Bundibugyo District

- The Ebola Treatment Unit (ETU) remains open but currently there are no patients admitted in the facility.
- Health workers are vigilant.

Kasese District

- The ETU at Bwera Hospital remains open but currently there is no case in Isolation.
- Health workers are vigilant

Kabarole

- IPC assessment and mentoring of 27 health workers were conducted in 6 Health facilities with emphasis on IPC, hand washing procedures, mixing of Chlorine and waste management. Isolation facilities were identified in the health facilities.

Ntoroko District

- There was on patient isolated in the ETU as on 23rd October 2018.
- DHT and WHO team carried out IPC safety checks for the staff at Ntoroko, Kanara town council, Kigungu, Fridge, Transami and Kanara landing sites. Health workers, volunteers and VHTs were active at all the sites but were re-equipped with the EVD Community Case Definition. However there is need for regular supply of consumables such as disposable gloves and face masks. There is also need to construct shelters for the site teams.



Kabarole District

- The DHT and WHO team held a meeting with the in-charge of the female ward at Fort Portal Regional Referral Hospital (FRRH) which led to listing of more contacts of the CCFH case currently under treatment as reported in the surveillance section in this update.

Hoima and Kikuube Districts

- The ETU at Kasonga is ready to admit patients. However, there is need for electrical installation, additional tents for psychosocial support and laundry and murrum for ambulance decontamination area. UNHCR has been alerted about these gaps.

VACCINATION

- The Uganda National Council of Science and Technology (UNCST), the Independent Review Boards (IRBs) are meeting the Principal Investigator and team today 25th October 2018 to decide on the vaccination protocol and related documents submitted last week.

RISK COMMUNICATION/SOCIAL MOBILIZATION

- There is inadequate knowledge on CCHF especially among health workers at FRRH which is causing anxiety and fear among the staff who came into contact with the CCHF confirmed patient under treatment. WHO provided a fact sheet on CCHF for sharing with health workers and translation into local languages. The FRRH will have to designate a risk communication focal person follow up EVD/CCHF awareness creation amongst health workers and patients.
 - URCS conducted house-to-house EVD risk communication in 210 households reaching 502 males, 556 females and 134 children. 57 posters were displayed in community centers.
 - EVD radio messages and spots continue to be broadcast on FM station in all districts supported by UNICEF.
 - All DHT are distributing IEC materials with support from WHO, URCS and UNICEF
 - VHTs and URCS volunteers continue to implement community engagement activities in the districts.

CROSS BORDER ACTIVITIES

- No major activities under this pillar.

LOGISTICS

Kasese District

- WFP agreed to provide a tent to Bwera Hospital for storage as a stopgap measure. Field staff are challenged by unavailability of airtime and data bundles to facilitate coordination and communication. This will be addressed by all partner organizations with staff in the field.

Kabarole District

- WFP committed to provide meals to the VHF patients on admission and the staff members on duty. In the meantime, the DHO's office provided meals for the CCHF patient in isolation and the staff on duty and FRRH.
- WHO provided transportation for picked from a suspected CCHF case to the Uganda Virus Research Institute in Entebbe for analysis.

Hoima and Kikuube Districts

- MoH and WHO teams evaluated EVD logistics availability in Hoima Regional Referral Hospital, and in Hoima and Kikuube districts central stores. Inadequacies were identified on PPEs such as gloves, gumboots, aprons, face masks needed to have the region fully prepared for EVD. These were communicated to the National Task Force.

-End-

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